

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/576846 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			1			
2							52			1			
3							53			1			
4							54			1			
5							55			1			
6							56			1			
7							57			1			
8							58			1			
9							59			1			
10							60			1			
11							61			1			
12							62			1			
13							63			1			
14							64			1			
15							65			1			
16							66			1			
17							67			1			
18							68			1			
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26		1					76						
27			1				77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	40	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		1/3					TOTAL CLAIMS						